MERIDIAN VERITY

Consequential-AI Control-Rail Portfolio

Ultra-Short Strategic Buyer Memo | External-Safe | April 2026

Now 10 families | + HTI + BAPR

Meridian Verity presents a modular U.S. control-rail cluster for consequential AI. The portfolio is built around the control points that must close before AI is allowed to observe, compute, act, commit an external effect, render to users, or become a basis for reliance. In strategic-buyer terms, the package reads less like isolated patent families and more like a governable architecture.

Deal thesis

A differentiated control-stack position spanning input authenticity, bedside finalization, pre-action permissioning, compute admission, clinical workflow gating, effect-boundary control, trusted rendering, and proof-backed reliance / certification.

No fake input. No silent compute. No unauthorized action.
No unbounded external effect. No unverifiable reliance.

Architecture, not isolated claims

Strategic buyers can read the bundle as a control path from input to reliance rather than as unrelated point patents.

Shared fail-closed design language

Across TSIL, BAPR, HTI, NOVACOV, ACE, ORPRG, and RVAL2, the recurring instinct is the same: verify first, then admit, permit, commit, or certify.

Commercial wedge already exists

HALTSEAL creates real motion now: public-safe opening memo → technical deep dive → NDA evidence pack → gateway-first design-partner dialogue.

Modular transaction posture

The stack can support a cluster process, family-level or field-limited license, OEM / platform embed, or a sale with negotiated grant-back.

10
families in the current story
TSIL; BAPR; NOVACOV / HALTSEAL; Gateway; ACE; HTI; ORPRG; TRC; PoPC; RVAL2.

new medical families
HTI (clinical workflow rail) and BAPR (bedside finalization rail).

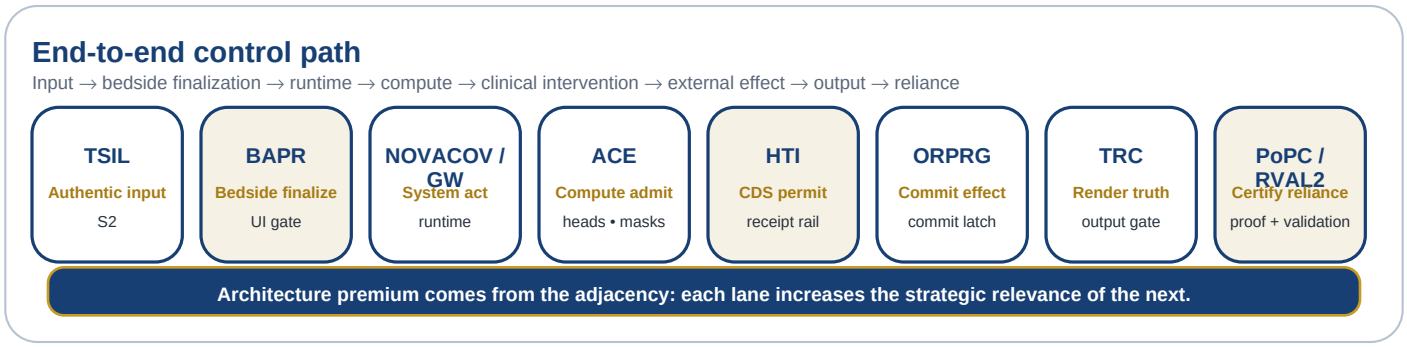
6
core control points
Input, runtime, compute, clinical/action gating, rendering, and reliance.

NDA
deeper diligence path
Selected status papers, claim charts, proof artifacts, and prosecution materials.

Prepared for strategic-buyer, broker, and valuation-counterparty discussions. Public-safe opening memo; deeper technical materials under NDA.

End-to-End Control Stack

The strategic read-through is strongest when the portfolio is shown as an actual control path rather than as a list of separate matters.



Why this bundle reads as stack premium

TSIL turns multimodal trust into an ingress-control problem. BAPR adds bedside finalization control, HTI turns EHR-embedded clinical AI into a permit-and-receipt problem, and RVAL2 turns validator behavior and certificates into certifiable reliance. Together they make the portfolio strategically unusual.

Portfolio snapshot

Family / lane	Control point	Strategic role	Current posture
TSIL	Sensor ingress / OS-HAL	S2 receipts, freshness, liveness, and consistency at ingress	Allowed*
BAPR	Bedside / device UI	Permit-before-finalization for bedside and edge AI outputs using device attestation, clinician identity, and UI commit-boundary gating	Allowed*
NOVACOV / HALTSEAL	Runtime action surfaces	Permit-before-action and fail-closed runtime hooks	NOA + wedge
NOVACOV Gateway	Driver / firmware / hypervisor	Lower-layer interception lane for runtime control	NOA
ACE	Accelerator / hypervisor	Compute admission via fresh heads, allow masks, and budget predicates	NOA
HTI	Clinical workflow / EHR	Permit-before-action and machine-verifiable safety receipts for AI-assisted CDS rendering and write-back	Allowed*
ORPRG	Effect boundary	Non-bypassable permit-before-commit before externalized effects	Allowed
TRC	Rendering / output surfaces	Trusted rendering and output gating	NOA
PoPC	Execution evidence / reliance	Receipt-anchored execution with trust / settlement read-through	Issue-stage
RVAL2	Validator certification	Conformance suites, certificates, registries, and certifiable reliance	Allowed*

* TSIL, RVAL2, HTI, and BAPR are shown as management-updated allowed lanes; supporting materials available in diligence.

Clinical / Medical Expansion: HTI + BAPR

HTI and BAPR extend Meridian Verity into EHR-embedded CDS governance, bedside AI finalization control, and evidence-backed clinical deployment.

workflow / health-IT lane

Allowed family

HTI — EHR / CDS rail

- Interposes between the EHR and the AI-assisted DSI engine for a bounded episode of care.
- Gates recommendation render and DSI-initiated write-back under permit-before-action and fail-closed semantics.
- Emits structured safety receipts that convert transparency into runtime evidence.

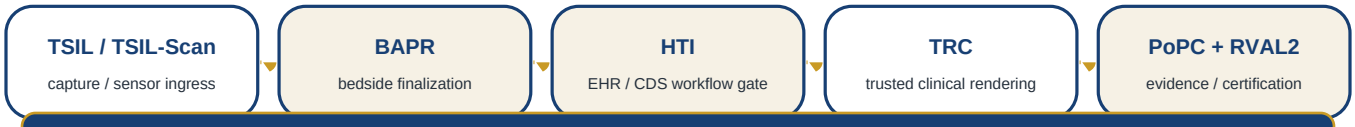
bedside / device-edge lane

Allowed family

BAPR — bedside finalization rail

- Governs bedside or point-of-care AI inference at the device or device-adjacent layer.
- Uses attested device state, clinical context, and clinician identity to control the UI finalization gate.
- Creates a device-edge licensing lane with safe-mode gating and receipt-backed deployment.

These two medical lanes extend the same control-stack logic into regulated bedside and workflow surfaces.



Medical premium comes from chaining bedside finalization to workflow receipts, rendering control, and certifiable reliance.

Why the lane is live now

- ONC HTI-1 turns predictive DSI transparency, source attributes, and maintenance into runtime governance considerations.
- FDA PCCP, cybersecurity, lifecycle, and CDS materials tighten expectations for controlled deployment and evidence-backed change management.
- CMS ACCESS and FDA's TEMPO pilot increase the value of portable, episode-level governance evidence in technology-supported care.

Priority medical buyer lanes

Lane	Best opening angle
EHR / health IT	Workflow gating, safety receipts, transparency mappings, and audit-ready CDS evidence.
Medtech / imaging / monitoring OEM	Bedside UI finalization control, device attestation, safe-mode gating, and portable bedside safety receipts.
Clinical AI / digital health	Agentic, ambient, or chronic-care workflow governance with explicit permit logic instead of post-hoc logging.

HTI + BAPR do not sit outside the stack. They extend the same control architecture into clinical software, bedside devices, and regulated evidence flows.

Selected public references: [1] ONC HTI-1 Final Rule and DSI materials; [2] FDA AI-enabled device, PCCP, cybersecurity, and CDS materials; [3] FDA TEMPO pilot and CMS ACCESS model; [4] EU AI Act / GPAI materials.

Why the buyer map sharpens now

Lead with NOVACOV / HALTSEAL as the cleanest pre-NDA story; widen into clinical, device-edge, and regulated-workflow buyers once the control-stack thesis is landing.

External tailwinds

Signal	Why it matters
ONC HTI-1 / DSI	Predictive DSIs in certified health IT now carry explicit transparency, source-attribute, and maintenance expectations.
FDA lifecycle + PCCP	PCCP, cybersecurity, and lifecycle materials favor controlled change management, validation, and evidence-backed deployment.
CMS ACCESS + FDA TEMPO	Technology-supported chronic care and digital-health pilots make episode-level governance evidence more economically relevant.
U.S. federal AI use / acquisition	M-25-21 and M-25-22 keep AI adoption tied to governance, safeguards, and reviewable procurement readiness.
EU AI Act / GPAI + NIST	Operational controls, transparency, and trust profiles favor measurable assurance overlays over ad hoc logging.

Best opening posture

NOVACOV / HALTSEAL-first

Runtime-action control and the commercial wedge make the cleanest first conversation. Clinical and device-edge depth widens the process after interest is established.

Priority buyer lanes

Hyperscale / runtime / infra
Identity-to-action closure, control planes, and permissioned workflow hooks.

AI security / validation / compliance
Portable evaluator, certificate, and assurance posture for high-consequence deployment.

EHR / health IT
Workflow gating, safety receipts, transparency mappings, and audit-ready CDS evidence.

Medtech / imaging / monitoring OEM
Bedside finalization control, device attestation, and receipt-backed deployment.

Transaction posture

Narrower, licensing-first

Step	Practical posture
First pass	Lead with NOVACOV / HALTSEAL as the cleanest runtime-control story; position HTI / BAPR as premium depth rather than the opening burden.
Under NDA	Expand to selected status papers, claim charts, device / workflow mappings, and clinical evidence flows.
Deal shapes	Cluster process, staged family or field license, OEM / platform embed, or sale with negotiated grant-back.

Lead with NOVACOV / HALTSEAL. What is being sold is a 10-family control architecture with live clinical expansion.

Selected public references: [1] ONC HTI-1 / DSI materials; [2] FDA AI-enabled device, PCCP, CDS, and cybersecurity materials; [3] CMS ACCESS and FDA TEMPO; [4] OMB M-25-21 and M-25-22; [5] NIST AI RMF GenAI Profile.

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